

Foster Family Home - Deficiency Report

Provider ID: 1-200047

Home Name: Jenny Ponciano, RN

Review ID: 1-200047-5

94-1132 Lumiauu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/10/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/10/22.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- No CPR/First Aid and blood borne pathogen and infection control present for CG#4.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN 8/10/22

Compliance Manager

Date

Jenny Ponciano

Primary Care Giver

Date

8/10/22